

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21
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NAME OF COMMITTEE (In Full)
NATHAN DEAL FOR CONGRESS

A.	Full Name (Last, First, Middle Initial) North Georgia Aviation LLC	Transaction ID: 90413.E7244 Date of Disbursement 03 / 03 / 2009
	Mailing Address 1602 Athens Highway	Amount of Each Disbursement this Period 2870.00
	City Gainesville State GA Zip Code 30501-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement AVIATION FEE Candidate Name	AVIATION FEE
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Chris Riley	Transaction ID: 90413.E7249 Date of Disbursement 02 / 23 / 2009
	Mailing Address 4775 Clarks Bridge Road	Amount of Each Disbursement this Period 91124.00
	City Gainesville State GA Zip Code 30506-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement SEE BELOW:CHARITY Candidate Name	SEE BELOW:CHARITY
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Good News At Noon	Transaction ID: 90415.E7304 Date of Disbursement 02 / 23 / 2009
	Mailing Address Homeless Care 979 Davis Street	Amount of Each Disbursement this Period 91124.00
	City Gainesville State GA Zip Code 30501-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement CHARITY Candidate Name	[MEMO ITEM] MEMO: CHARITY
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	93994.00
TOTAL This Period (last page this line number only)	